

## KANSAS COSMOSPHERE & SPACE CENTER HUTCHINSON, KS

Smoking is still the leading cause of preventable disease and death in the U.S. and Kansas. Join us as we work together to build momentum to end the tobacco epidemic in Kansas.

### AGENDA INCLUDES:

**ANNUAL MEETING OF THE TOBACCO FREE  
KANSAS COALITION**

**SESSION ON THE NEXT CDRR GRANT  
APPLICATION DUE IN MARCH 2016**



CDRR is a grant program coordinated by the Bureau of Health Promotion at the Kansas Department of Health and Environment.

# “Committing to end the tobacco epidemic”

FEATURING CDC’S

**Brian King, PhD, MPH**

- Deputy Director for Research Translation, Office of Smoking and Health, Centers for Disease Control and Prevention
- Contributing author, 50th Anniversary Surgeon General’s Report on Smoking and Health
- Lead author, Best Practices for Comprehensive Tobacco Control Programs, 2014



Please use the Twitter hashtag **#KSTobaccoSummit** to make comments or ask questions during the Summit

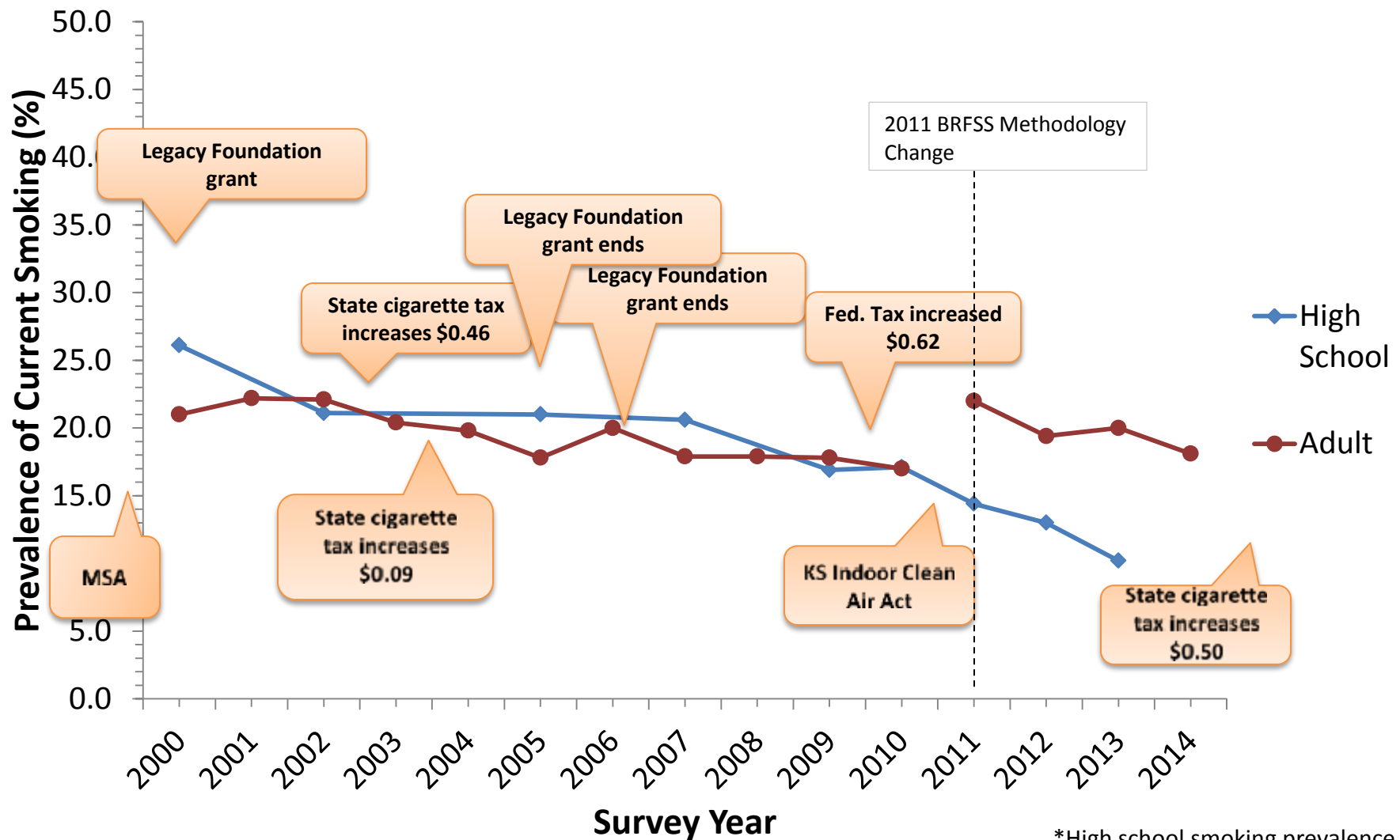
# Community Health Promotion Summit: Committing to End the Tobacco Epidemic

Brandon Skidmore

Director, Bureau of Health Promotion  
Community Health Promotion Summit  
January 29, 2016



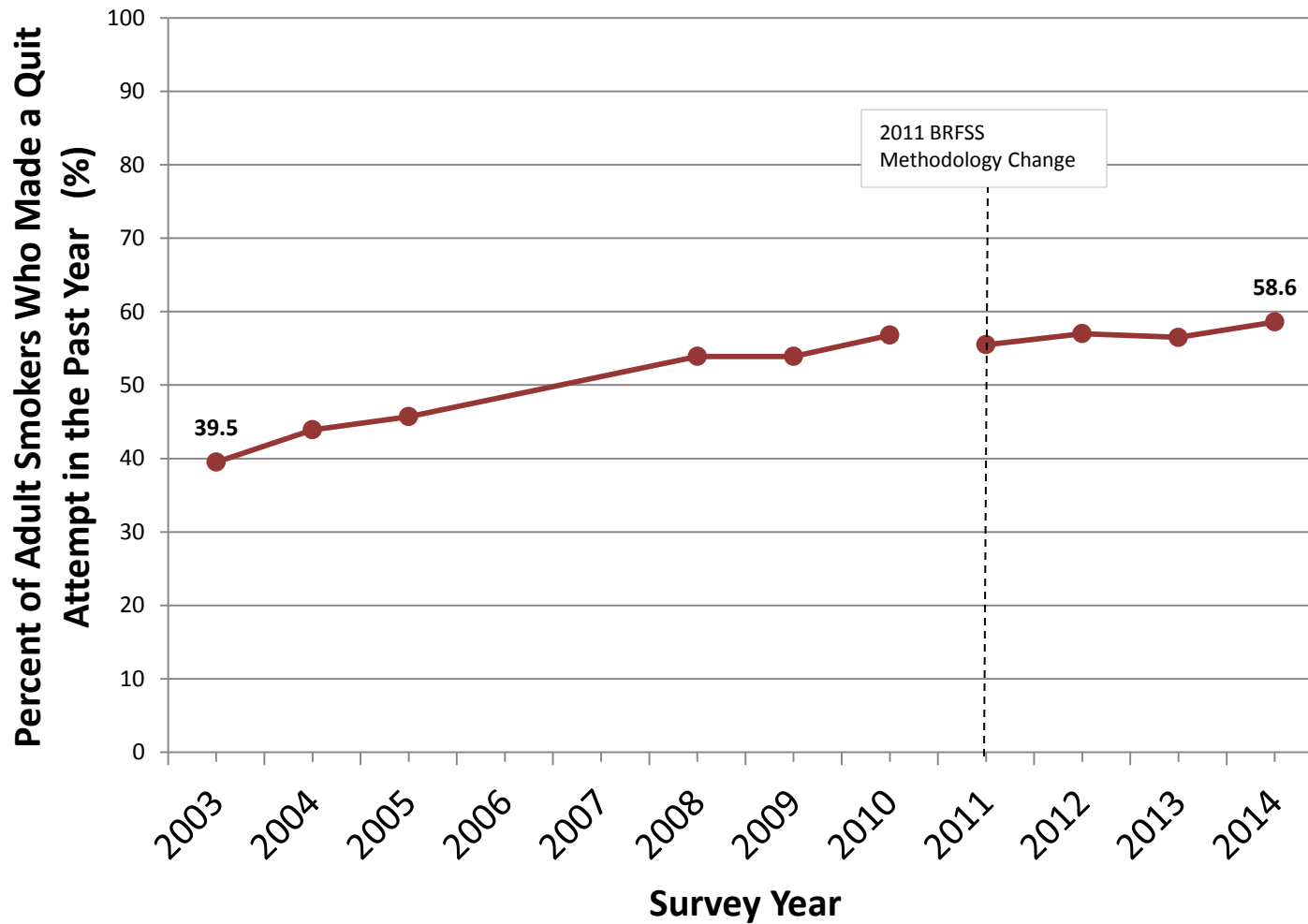
# Current Smoking Prevalence Among Kansas Adults and High School Students\* – Kansas BRFSS, Kansas YTS, and Kansas YRBS



Source: High school smoking prevalence –2000 to 2013 Kansas Youth Tobacco Survey, Bureau of Health Promotion, KDHE and Kansas Youth Risk Behavior Survey, Kansas State Department of Education; Adult smoking prevalence – 2000 to 2014 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, KDHE

\*High school smoking prevalence plotted using combination of Kansas Youth Risk Behavior and Kansas Youth Tobacco Surveys

## Percent of Adult Smokers in Kansas Who Have Made a Quit Attempt in the Past Year - BRFSS 2003-2014



Source: Percentage of current smokers who stopped smoking for a day or longer in the past year because they were trying to quit – Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, KDHE



# HEALTHY KANSANS

## *Cross-cutting Themes and Priority Strategies*

### Healthy Living

- ∞ Promote physical activity
- ∞ Promote healthy eating
- ∞ Equip and incentivize Kansans to participate in culturally competent health and wellness programs and access appropriate health care
- ∞ Promote tobacco use prevention and control
- ∞ Improve supports for the social and emotional development of children and families

Kansans equipped to take an active role in improving their health and supporting their families and friends in making healthy choices.

### Healthy Communities

- ∞ Promote access to healthy foods and support policies that promote healthy food choices
- ∞ Support policies that make the default choice the healthy choice
- ∞ Promote environments and community design that impact health and support healthy behaviors

Kansans working together to impact the natural as well as human-formed conditions that influence health and/or risk for injury.

### Access to Services

- ∞ Improve access to services that address the root causes to poor health
- ∞ Effective and efficient use of health information technology (HIT) for population health improvement
- ∞ Promote integrated health care delivery, including integrated behavioral health, social services and medical care

Kansans ready access to information and health and social services to achieve the best health outcomes.





# HEALTHY KANSANS

## Promote Prevention and Control of Tobacco Use

Goal	Implement a comprehensive state tobacco control program with extensive evidence-based programming at the local and regional levels
Objective	Prevent initiation of tobacco use among young people
Performance Indicators	By 2020, increase the percentage of schools that prohibit all tobacco use at all times in all locations to 75%. (Baseline: 48%; Source: 2012 SHP)
	By 2020, decrease the percentage of high school students that smoked a whole cigarette for the first time before age 13 to 7%. (Baseline: 9.7%; Source: 2011 YRBS)
	By 2020, decrease the percentage of high school students that have ever tried smoking a cigarette, even one or two puffs to 20%. (Baseline: 41.3%; Source: 2011 YRBS)



# HEALTHY KANSANS

Objective	Protect Kansans from exposure to secondhand smoke
Performance Indicators	By 2020, maintain the proportion of population covered by laws that protect Kansans from secondhand smoke in public places. (Baseline: 100%; Source: 2010 KICAA)
	By 2020, increase the number of CDRR grantees pursuing expanded smoke-free housing in their jurisdiction to 5. (Baseline: 1; Source: 2011 CDRR Grant Reporting)
Objective	Promote and facilitate tobacco use cessation
Performance Indicators	By 2020, increase the percentage of Kansas adult smokers that quit smoking cigarettes for one day or longer because they were trying to quit smoking to 65%. (Baseline: 55.5%; Source: 2011 BRFSS)
	By 2020, increase the number of Kansas Tobacco Quitline registrations by tobacco users who heard about the Quitline from a health care provider to 1,500. (Baseline 713; Source: CY 2011 Alere QEE).
Objective	Implement tobacco surveillance and evaluation activities to demonstrate program value
Performance Indicators	By 2020, increase tobacco control funding for implementing strategies from CDC's Best Practices for Tobacco Control. (Baseline: \$1 million; Source: 2011 State budget)
	By 2020, maintain and expand use of the surveillance instruments supported by KDHE that assess statewide population tobacco and nicotine use behavior (Baseline: 4 (BRFSS, YTS, YRBS, Birth Records) in 2011; Source: KDHE)



# Looking Ahead

## Kansas Tobacco Control Strategic Plan, 2015 – 2020

*Draft as of November 18, 2015*

**Vision:** A healthy, tobacco-free Kansas

**Mission:** Prevent and eliminate tobacco use among Kansans of all ages through advocacy, education, and collaboration

### Priority Audiences

- Low income adults
- Adults with poor mental health status
- Pregnant women
- Youth and young adults

Goals Focus on	PREVENT TOBACCO USE	TOBACCO CESSATION	SECONDHAND SMOKE	DISPARITIES
Objectives Measure	<ol style="list-style-type: none"> <li>1. Prevent initiation among youth and young adults</li> </ol>	<ol style="list-style-type: none"> <li>2. Promote quitting among adults and youth</li> </ol>	<ol style="list-style-type: none"> <li>3. Eliminate exposure to secondhand smoke</li> </ol>	<ol style="list-style-type: none"> <li>4. Identify and eliminate tobacco-related disparities among population groups disproportionately impacted by tobacco</li> </ol>
Strategies Work on	<ol style="list-style-type: none"> <li>1.1. Reduce the percentage of high school students who use any tobacco products from X% to Y%.</li> <li>1.2. Reduce the percentage of 18-24 year olds who use any tobacco products by Z%</li> </ol>	<ol style="list-style-type: none"> <li>2.1. Increase the percentage of current smokers who make a quit attempt from 58.6% to 65.0%.</li> <li>2.2. Decrease the percentage of pregnant women who smoke from 12.0% to Y%.</li> </ol>	<ol style="list-style-type: none"> <li>3.1. Decrease the percentage of high school students exposed to secondhand smoke in any indoor or outdoor public place from 36.6% to 25%</li> <li>3.2. Decrease the percentage of Kansas workers who were exposed to secondhand smoke at work in the past week from 20.2% to Y%</li> <li>3.3. Decrease the percentage of Kansas adults who live in households where smoking is allowed from 13% to Y%.</li> </ol>	<ol style="list-style-type: none"> <li>4.1. Reduce percentage of low income adults who smoke from 31.1% to Y%</li> <li>4.2. Decrease percentage of adults with poor mental health status who smoke from 36.1% to Y%.</li> </ol>
	<ol style="list-style-type: none"> <li>a) Support efforts to adopt and implement evidence-based pricing strategies that discourage tobacco use (1.1, 1.2).</li> <li>b) Support zoning and licensing policies to restrict youth access to tobacco products in the retail environment (1.1).</li> <li>c) Incorporate e-cigarettes in all smoke-free and tobacco-free policies at the state and local levels (1.1, 1.2).</li> <li>d) Develop tobacco-free policies that include e-cigarettes on K-12 educational campuses (1.1).</li> <li>e) Develop and implement a large scale, counter marketing communication campaign to promote tobacco use prevention and control (SHIP) (1.1).</li> <li>f) Support the adoption and implementation of Tobacco 21 policies (1.2).</li> <li>g) Develop tobacco-free policies that include e-cigarettes on educational campuses, worksites or other places where 18-24 year olds are exposed to tobacco use (1.2).</li> </ol>	<ol style="list-style-type: none"> <li>a) Implement comprehensive tobacco cessation programs and treatment protocols in mental health (2.1)</li> <li>b) Increase utilization of tobacco cessation treatment available through Medicaid (2.1).</li> <li>c) Develop and implement a large scale, counter marketing communication campaign to promote tobacco cessation (2.1).</li> <li>d) Establish comprehensive insurance coverage for cessation to reduce barriers to receiving cessation benefits (2.1).</li> <li>e) Engage providers throughout health care systems in integrating cessation into healthcare practices (2.1).</li> <li>f) Educate healthcare providers on evidence-based best practices for cessation during the perinatal period (2.2).</li> <li>g) Implement comprehensive tobacco cessation programs and treatment protocols in perinatal care settings (2.2).</li> <li>h) Increase utilization of available tobacco cessation treatment among pregnant women (2.2).</li> </ol>	<ol style="list-style-type: none"> <li>a) Implement smoke-free parks, campuses, and other outdoor areas policies (3.1).</li> <li>b) Close loopholes in Kansas Clean Indoor Air Act regarding exemptions for casinos, cigar bars, fraternal organizations, etc. (3.2).</li> <li>c) Implement tobacco-free policies and cessation support in low wage worksites (3.2).</li> <li>d) Implement smoke-free multi-unit housing policies (3.3).</li> </ol>	<ol style="list-style-type: none"> <li>a) Promote quit attempts among low-income smokers (4.1).</li> <li>b) Reduce targeted marketing in the retail environment (4.1).</li> <li>c) Implement tobacco-free policies and cessation support in low wage worksites (4.1).</li> <li>d) Improve the availability, accessibility and effectiveness of cessation services for populations affected by tobacco-related disparities (4.1).</li> <li>e) Implement policies for tobacco-free treatment in behavioral health care facilities (4.2).</li> <li>f) Adopt statewide regulation requiring tobacco-free grounds policies for behavioral health organizations (4.2).</li> <li>g) Improve the availability, accessibility, and effectiveness of cessation services in behavioral health populations (4.2).</li> </ol>

**Core Values:** Tenacity, Evidenced Based Decision Making, Leadership, Passion, Strategic Action, Innovation, Integrity



**Brian King, PhD, MPH**  
Deputy Director for Research  
Translation, Office on Smoking and  
Health, NCCDPHP

